

TGN's Disco Invitational

- Date:** February 2-3, 2019
- Meet Site:** The Gym Nest ▪ Macon, Georgia 31210 ▪ (478) 474-3021
- Meet Director:** Tina Hutchinson
- Entry Deadline:** Entries must be received by Thurs., January 10, 2019
(An additional \$10.00 fee must accompany all late entries)
No refunds after deadline.
- Entry Fee:**
- | | |
|------------------------------|---------------------|
| AAU & USAG Compulsory Levels | \$65.00 per gymnast |
| USAG 6-10 & All Xcel Levels | \$75.00 per gymnast |
| Team Fee | \$50.00 per team |
- Payment:** Make checks payable to:
The Gym Nest ▪ 120 Macon West Dr ▪ Macon, GA 31210
- Awards:** Awards will be given per AAU guidelines.
AAU and USAG gymnasts will be divided into equal age groups by birthdate.
Team awards for top 50%
- Equipment:**
- AAI Vault Table (note: runway is 77' max & 1 inch thick)
 - AAI Elite Bars
 - AAI Reflex Beam
 - AAI Stratum Floor Exercise
 - AAI Coil Spring Board & Stratum Vaulting Boards
 - Air-O-Board
- Admission:** \$7.00 adults \$4.00 children (ages 5-17) / Senior Citizens (60+)

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Team Name _____ Phone _____
 Team Address _____ Fax _____
 City _____ State _____ Zip _____
 E-mail _____

AAU Club Number: _____

Coaches	USAG #	Safety Cert. Exp.	Background Exp.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AAU Level: _____ **ONLY ONE LEVEL PER FORM, PLEASE!**

	Competitor Name	AAU #	D.O.B.	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total AAU Level _____ Gymnasts _____ x \$65.00 = _____

OR

Total AAU Excel Level _____ Gymnasts _____ x \$75.00 = _____

Team Entry _____ x \$50.00 = _____

Total Enclosed _____

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120 Macon West Drive
Macon, GA 31210
 478-474-3021 (fax 478-474-3427)

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Team Name _____ Phone _____
 Team Address _____ Fax _____
 City _____ State _____ Zip _____
 E-mail _____

USAG Club Number: _____

 Coaches USAG # Safety Cert. Exp. Background Exp.
 _____ _____ _____ _____
 _____ _____ _____ _____
 _____ _____ _____ _____

USAG Level: _____ **ONLY ONE LEVEL PER FORM, PLEASE!**

	Competitor Name	USAG #	D.O.B.	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total USAG **Comp** Level _____ Gymnasts _____ x \$65.00 = _____

OR

Total USAG **Opt/Xcel** Level _____ Gymnasts _____ x \$75.00 = _____

Team Entry _____ x \$50.00 = _____

Total Enclosed _____

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